MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34876

NOV 24 1931

1. PLACE OF DEATH

County Lafayette — Registration District No. 460 — File No.

Township Davis — Primary Registration District No. 5624-a — Registered No. 66

City Higginsville (No. ..... St. ..... Ward)

2. FULL NAME Louis G. Guyton

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	42	5	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Truck driver

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Fermers Coal Mining Co

9. BIRTHPLACE (CITY OR TOWN) Corder
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Robt A, Guyton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Baltimore
(STATE OR COUNTRY) Maryland

12. MAIDEN NAME OF MOTHER Alice Venerable

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky

14. INFORMANT Robt. A. Guyton
(Address) Corder Mo

15. FILED 10/17, 1931 Bessie Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/17/1931

17. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19..., that I last saw h— alive on —, 19..., and that death occurred, on the date stated above, at ..... m.

167 THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide

Shotgun wound thru Brain

— (duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Shotgun

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

9 167 IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? — DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Edmund Lissack, M. D.

10/17, 1931 (Address) Concordia, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: City Cemetery — DATE OF BURIAL: 10-19-1931

20. UNDERTAKER: Hoefer & Meinershagen — ADDRESS: Higginsville Mo